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center, cross-sectional cost-of-illness study. Information as demographic characteristics, consultations, hospitalizations, rehabilitations, out-of-pocket-expenditures as for OTC-medication, copayment, skin care products and absence from work was collected with a semi-standardized patient-questionnaire. Resource utilization of outpatient care was gained from patients' records. Direct and indirect costs were considered. **RESULTS:** 16 centers—10 office-based dermatologists, 4 office-based pediatricians, 1 outpatient unit of a dermatology hospital and 1 patient organization participated. Until now, 189 patients were enrolled at the medical centers. 153 patient questionnaires were sent back (including 53 from patients of the patient organisation). Mean age of patients is 24 years (1–71 years) and about 46% are male. About 27% of the patients have a mild course of disease, about 36% a moderate and about 37% a severe or very severe course of disease. Six out of 153 patients were hospitalized due to the current flare (4%). On average, patients' expenses for OTC-medication and skin care products are €164 per year, for additional treatment e.g. psychotherapy or naturopathy €62 per year and for e.g. special clothes or nutrition €349 per year. **CONCLUSIONS:** Because the study is still ongoing, annual cost data from the third party payers' perspective is under evaluation, and will be finalized not later than August 2002. But these preliminary results show that patients and their families bear are remarkable amount of the annual costs (about €575) by themselves.

PES14

COST EFFECTIVENESS OF PIMECROLIMUS (ELIDEL) IN THE TREATMENT OF CHILDREN WITH ATOPIC DERMATITIS

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OBJECTIVE: To compare the cost-effectiveness of an Elidel (pimecrolimus cream 1%) in the long-term management of children with atopic dermatitis. **METHODS:** Data were taken from a double-blind, multicenter, randomized, parallel-group study. Patients were randomised (2:1) to receive pimecrolimus treatment paradigm (i.e. emollients, pimecrolimus, medium potency topical corticosteroids) or standard of care (emollients, vehicle, medium potency topical corticosteroids). The study was conducted in children and adolescents (2 to 18 years of age, 474 patients on pimecrolimus and 237 patients on standard of care). Costs were estimated by linking severity of disease as defined by Investigator's Global Assessment (IGA) to average treatment costs. Drug costs were estimated from the clinical trial data. Efficacy was measured in number of patients with 0 flares over 12 months ("successfully treated patient", STP) and average number of flares as reported in the clinical trial. **RESULTS:** In the children and adolescent study, 68.4% of patients on pimecrolimus and 43.5% of patients on standard of care had no flare over the total study period of 12 months, a difference of 24.9%. The average number of flares in the pimecrolimus treatment group was 0.48, compared to 3.36 in the standard of care group, a reduction of 2.88 flares. Patients on pimecrolimus cost GBP 1009, patients on standard of care GBP 448, an incremental cost of GBP 561 over 12 months. 4.0 patients needed to be treated to achieve one STP, the cost per STP was GBP 2255 and the cost per flare avoided was GBP 195. The results were sensitive to the assumption of drug substance used, which is closely linked to the cost of treatment. **CONCLUSIONS:** Pimecrolimus has a very reasonable cost-effectiveness as measured by the incremental cost per additional successfully treated patient and the incremental cost per flare avoided.

EAR, EYE & SKIN DISEASES/DISORDERS—Clinical Outcomes

PES15

USING A DISCRIMINANT FUNCTION TO MODEL THE LONG-TERM VISUAL FIELD CONSEQUENCES OF IOP CONTROL: A CASE STUDY BASED ON A TIMOLOL, LATANOPROST AND TRAVOPROST CLINICAL TRIAL

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OBJECTIVE: To estimate and compare the long-term consequences of IOP control of travoprost, latanoprost and timolol. **METHOD:** Daily IOP average, variance, minimum, and maximum were derived from a 12-month randomised, double-masked double-dummy, phase III multi-centre clinical trial comparing travoprost 0.004% od, latanoprost 0.005% od and timolol 0.5% bid. Patients had POAG or OH, and IOP was measured at weeks 2, 12, 24 and 48 at 8:00 am, 10:00 am and 4:00 pm. The Stewart discriminant functions were applied followed by a step-by-step threshold responder analysis. The statistical unit was eye and a second interaction order analysis of variance was performed including eye, time, treatment, and investigator as variables. Sensitivity analysis was performed on the 5^{th} to 95^{th}-percentile range of the discriminant empirical distribution function. **RESULTS:** Five hundred and ninety-six patients were randomly assigned to travoprost, timolol, or latanoprost. Travoprost patients' daily IOP average was significantly lower than timolol (–1.3 mm Hg, $P < 0.0001$) and latanoprost (–0.3 mm Hg, $P < 0.001$). Similar results were found on daily IOP minimal value (respectively –1.3 mm Hg, $P < 0.0001$; –0.3 mm Hg, $P < 0.004$) and daily IOP maximal value (respectively –1.5 mm Hg, $P < 0.0001$; –0.3 mm Hg, $P < 0.02$). No difference was found on IOP variance between the prostaglandins ($P < 0.25$) while timolol patients had a higher estimate (–0.60; $P < 0.004$). If eight timolol patients were treated instead with latanoprost, one new VFD would be avoided over five